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ald Abramson

PTO/SB/17 (10-03 Approved for use through 07/31/2006. OMB 065/1-095 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE der the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(S) 95U),	950.	(\$)
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Co	omplete if Known		n-	
Application Number	09/627,018			_
Filing Date	7/27/2000	11	4	
First Named Inventor	WEBER	7		
Examiner Name	THALER		· -	
Art Unit	3731			
Attorney Docket No.	70442.1201			

(Complete (if applicable))

Telephone 212-837-6000

2-30-03

METHOD OF PAYMENT (check all that apply)	HOD OF PAYMENT (check all that apply) FEE CALCULATION (continued)			
Check Credit card Money Other None 3. ADDITIONAL FEES				
Deposit Account:	Large Entity , Small Entity			
Deposit 00 0004	Fee Fee Fee Fee Fee Description Code (\$) Fee	ee Paid		
Account Number	1051 130 2051 65 Surcharge - late filing fee or oath			
Deposit Account Hughes Hubbard & Reed LLP	1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet			
Name The Director is authorized to: (check all that apply)	1053 130 1053 130 Non-English specification			
✓ Charge fee(s) indicated below ✓ Credit any overpayments				
Charge any additional fee(s) or any underpayment of fee(s)	1804 920* 1804 920* Requesting publication of SIR prior to Examiner action			
Charge fee(s) indicated below, except for the filing fee	1805 1,840* 1805 1,840* Requesting publication of SIR after			
to the above-identified deposit account.	Examiner action			
FEE CALCULATION	1251 110 2251 55 Extension for reply within first month			
1. BASIC FILING FEE	1252 420 2252 210 Extension for reply within second month	50.		
Large Entity Small Entity Fee Fee IFee Fee Fee Description Fee Paid	1253 950 2253 475 Extension for reply within third month			
Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	1234 1,400 2234 740 Extension for reply within fourth month			
1001 770 2001 385 Utility filing fee	1255 2,010 2255 1,005 Extension for reply within fifth month			
1002 340 2002 170 Design filing fee	1401 330 2401 165 Notice of Appeal			
1003 530 2003 265 Plant filing fee	1402 330 2402 165 Filing a brief in support of an appeal			
1004 770 2004 385 Reissue filing fee	1403 290 2403 145 Request for oral hearing			
1005 160 2005 80 Provisional filing fee	1451 1,510 1451 1,510 Petition to institute a public use proceeding			
SUBTOTAL (1) (\$) 0.	1452 110 2452 55 Petition to revive - unavoidable			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUI	1453 1,330 2453 665 Petition to revive - unintentional			
Fee from	- 1501 1,550 2501 665 Otility issue lee (01 leissue)			
Extra Claims below Fee Paid Total Claims 20** = X				
Total Claims 20** = X = X	1503 640 2503 320 Plant issue fee			
Claims ————————————————————————————————————	1460 130 1460 130 Petitions to the Commissioner			
	1807 50 1807 50 Processing fee under 37 CFR 1.17(q)			
Large Entity Small Entity Fee Fee Fee Fee Fee Description	1806 180 1806 180 Submission of Information Disclosure Stmt			
Code (\$) Code (\$)	8021 40 8021 40 Recording each patent assignment per property (times number of properties)			
1202 18 2202 9 Claims in excess of 20	1809 770 2809 385 Filing a submission after final rejection			
1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claim, if not paid	(37 CFR 1.129(a))			
1203 290 2203 145 Multiple dependent claim, il not paid 1204 86 2204 43 ** Reissue independent claims	d 1810 770 2810 385 For each additional invention to be examined (37 CFR 1.129(b))			
over original patent	1801 770 2801 385 Request for Continued Examination (RCE)			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802 900 1802 900 Request for expedited examination of a design application			
SUBTOTAL (2) (\$) 0.	Other fee (specify)			
**or number previously paid, if greater; For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 950.			

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Registration No.

34,762

PTO/SB/52 (07-03)

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Docket Number (optional)

REISSUE AFFLICATION DECLARATION BY THE ASSI	GNEE	70442.1201	2
I hereby declare that:			
The residence, mailing address and citizenship of the inventors			#7
I am authorized to act on behalf of the following assignee:	edic, Inc.		/1 5
and the title of my position with said assignee is:	/ General	Manager	
The entire title to the patent identified below is vested in said ass			
Inventor Helmut Weber		tizenship Germany	
Residence/Mailing Address Engener Strausse 11, D-78	8576 Em	mingen-Liptingen, Ge	ermany
Inventor Gernot Weber	Ci	tizenship Germany	
Residence/Mailing Address Friedrich-Woehler Strauss	e 8, D78	576 Emmingen-Liptin	gen, Germany
Additional Inventors are named on separately numbere			
Patent Number 5,961,531	Date of Patent Issued October 5, 1999		
Title of Invention Convertible Rongeur			
I believe said inventor(s) to be the original and first inventor(s) o patent, for which a reissue patent is sought on the invention enti	f the subject	t matter which is described a	and claimed in said
Convertible Rongeur		· .	·
the specification of which			
is attached hereto.			
🛛 was filed on July 27, 2000 a	as reissue ar	oplication number 09 /	627,018
and was amended on(If applicable)		_	
I have reviewed and understand the contents of the above ident amendment referred to above.	ified specific	cation, including the claims,	as amended by any
I acknowledge the duty to disclose information which is material	to patentab	ility as defined in 37 CFR 1.	56.
I hereby claim foreign priority benefits under 35 U.S.C. 119 (or equivalent) listing the foreign applications.	9(a)-(d) or (f), or 365(b). Attached is form	n PTO/SB/02B
I verily believe the original patent to be wholly or partly inoperation	ve or invalid	, for the reasons described	

[Page 1 of 2]

by reason of the patentee claiming more or less than he had the right to claim in the patent.

by reason of a defective specification or drawing.

by reason of other errors.

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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REISSUE APPLICATION DECLARATION BY THE	ASSIGNEE	Docket Number (O 70442.1201	ptional)
At least one error upon which reissue is based is described as follows:			
All issued claims contain a limitation for release means that was unnecessary to patentability			
and which unduly restricts the scope of the cla			
•			
[Attach additional	sheets, if neede	d.]	
All errors corrected in this reissue application arose without any	y deceptive inter	tion on the part of the a	applicant.
I hereby appoint:			
Practitioners at Customer Number:			
OR			
Practitioner(s) named below:			
Name		Registration Num	ber
Ronald Abramson	34,762		
Peter A. Sullivan	38,327		
Sheryl L. Sandridge	48,407	<u> </u>	
Douglas D. Zhang 37,985			
as my/our attorney(s) or agent(s) to prosecute the application i States Patent and Trademark Office connected therewith.	dentified above,	and to transact all busi	ness in the United
Correspondence Address: Direct all communications about the	application to:		
Correspondence Address. Direct air communications about the			
Customer Number:			
OR			
Firm or Individual Name Ronald Abramson			
Address Hughes Hubbard &	Reed II	P	
Address One Battery Park F		•	-
· · · · · · · · · · · · · · · · · · ·			
City New York	State	1Y	^{Zip} 10004-1482
Country US			
Telephone (212) 837-6806	Fax	(212) 422-4726	
I hereby declare that all statements made herein of my own kn and belief are believed to be true; and further that these			
statements and the like so made are punishable by fine and im false statements may jeopardize the validity of the applicated declaration is directed.	•	•	*
Full name of namen signing (given name, family name)	r Engelken		
Signature Blan Comella		Date Drc. 22	2003
Address of Assignee 190 Veterans Drive, Northvale	NI 07647		,

12/30/03

Date

TRANSI (to be used for all correspondence of Pages in T	MITTAL RM ondence after initial filing)	Application Number Filing Date First Named Inventor Art Unit Examiner Name Attorney Docket Number	ction of information unless it displays a valid OMB control number 09/627,018 July 27, 2000 Weber 3731 Thaler 70442.1201
	eclaration(s) Request ment Request ure Statement riority Rem	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Ad Terminal Disclaimer Request for Refund CD, Number of CD(s)	After Allowance communication to Technology Center (TC) Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information
Firm Ronal	SIGNATURE d Abramson (Re	OF APPLICANT, ATTOR a. No. 34.762)	NEY, OR AGENT
Individual name Signature Date /2 - // I hereby certify that this cor	CERTIF	ICATE OF TRANSMISSIC	ON/MAILING or deposited with the United States Postal Service with Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

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L Sand Is

Signature